



PUBLIC INFORMATION STANDARD REQUEST FORM

Please mail request form and payment (CHECK or MONEY ORDER) to:
Department of Consumer Affairs, Public Information Unit, C/O Cashiering Unit
P.O. Box 989004, West Sacramento, CA 95798

Mail Quick Shipment Deliveries (e.g., overnight, priority) to:
Department of Consumer Affairs, Public Information Unit, C/O Mailroom
1625 North Market Boulevard, Suite N-117, Sacramento, CA 95834

Phone: (916) 574-8150 Fax: (916) 574-8603 **Email:** public_sales@dca.ca.gov **Web:** www.dca.ca.gov/consumer/public_info

DCA USE ONLY	
Date Rec'd	_____
Req #	_____
Job #	_____
Letter of Intent Rec'd	_____
Date	_____
Initials	_____

Requestor Information: (Please always include email and/or fax contact information for Quick Shipment requests)

Name: _____ Email Address: _____

Phone Number: _____ Fax Number: _____

☐ **Email or Fax Confirmation:** (Please check if requesting an email or fax confirming receipt of your request and payment.)

Shipping Information: (Please provide a mailing address for shipment)

Name: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Check/MO Number: _____ Amount: \$ _____

Quick Shipment: (Paid for by Requestor. Enter vendor name, account # to be billed, and shipping priority method. Include vendor shipping label with request form; otherwise, order will be shipped via standard United States Mail. Not available to P.O. Boxes. **Please provide the Public Information Unit with the tracking number and expected delivery date for incoming packages.**)

Vendor: _____ Account #: _____ Priority Method: _____

A Standard license file contains information on current renewable licenses listed under **A SINGLE** Board/Bureau/Committee/Program (hereafter referred to as "Agency") throughout California (for resident and non-resident licensees), sorted by county, then by licensee (business or individual) name. It includes the licensee's full business or individual name, full address, city code, county code, license type, original issue date, expiration date, date record was last updated, and Agency code. Some [class codes](#) (a further distinction within a license type identifying what trade or profession is licensed) are also included for certain Agencies. **Please refer to [Information and Rates](#) for more information.**

A separate request must be submitted for each Agency. The cost for a Compact Disc (CD) or an email file is **\$235.00 per Agency**. The turn around time is five business days from the day the Public Information Unit receives the request form, with full payment. Fees are non-refundable unless there is a defect in the product. **Replacement data is not applicable after five business days following the mailing of the output.** For refunds under \$10.00, the Requestor must submit a written request to the Public Information Unit, due to accounting requirements. Please allow 90 days for all refunds.

Requested Board/Bureau/Committee/Program: _____

☐ **This box must be checked for license numbers to be included in the data.**

Data Output Types: (Note: Medical Board of California, Board of Barbering & Cosmetology, Board of Professional Engineers & Land Surveyors, and Bureau of Security & Investigative Services data may only be available on CD if the file size exceeds 65,000 records.)

☐ CD (ASCII text format)

☐ Email File (ASCII text format) Email address: _____

☐ If using a mailing house, a checkmark in this box confirms compatibility with the requested data.

Special Instructions: _____

DCA USE ONLY

COST _____ COUNT _____ DATE SENT _____